# CITY OF BLOOMINGTON
# RENTAL PROPERTY REGISTRATION FORM

**HOUSING & NEIGHBORHOOD DEVELOPMENT**
**P.O. BOX 100**
**BLOOMINGTON, INDIANA  47402**
**TELEPHONE:  (812) 349-3420   FAX:  (812) 349-3582**
**Email:  hand@bloomington.in.gov**

CITY OF BLOOMINGTON
Housing and
Neighborhood
Development
*Improving our neighborhoods*

The City of Bloomington's Housing and Neighborhood Development Department is not responsible for determining whether or not the use of this property as a rental unit is prohibited by certain deed restrictions, neighborhood covenants, recordable commitments or any other similar restrictions.

**NOTE:**  An owner who resides outside the state of Indiana is required to designate an in-state agent for service of process and other notices regarding the property.  At this time, you should register any other rental property, which you own or manage in the City of Bloomington. (BMC 16.12.060.A5)

**Property Information:**

_____
Street Address

_____          _____          _____          _____
Primary Heat Source          # of Units          # of Bedrooms          Maximum Occupants

*Mobile Homes Only:  _____     _____                    _____     _____
                          Year          Make/Model                       Length          Width

**Owner Information:**

_____          _____
First Name & Initial                    Last Name                    Home Phone & Work Phone

_____          _____
Mailing Address (**If P.O. Box, see below)          City, State and Zip Code

Email Address: _____

**Agent Information:**

_____          _____
First Name and Initial                    Last Name                    Home Phone & Work Phone

_____          _____
Mailing Address (**If P.O. Box, see below)          City, State and Zip Code

Email Address:_____

**(**) IF USING A P.O. BOX, A STREET ADDRESS WHERE YOU MAY BE LOCATED MUST BE PROVIDED.**

_____          _____
Date                              Signature of Person Filing Form

# RENTAL PROPERTY INFORMATION

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants

_____

Street Address        # of Units    # of Bedrooms    Maximum # of Occupants


_____     _____

**Date**                                 **Signature of Property Owner (Required)**


                                    _____

                                    **Owner's Name (printed)**

Property owner will receive all original correspondence and the agent will receive a copy.